

Commonwealth of Kentucky  
Cabinet for Health and Family Services (CHFS)  
Office of Health Policy (OHP)



**State Innovation Model (SIM) Model Design  
October Quality Workgroup Meeting**

**October 6, 2015  
1:00 PM – 3:30 PM**

## Meeting Agenda

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- **Welcome and Introductions** (Dr. John Langefeld, Chief Medical Officer, Department for Medicaid Services) 1:00 PM – 1:10 PM
- **Other State Approaches to Quality Measure Alignment, PCMH and ACO Measurement, and Behavioral Health and Oral Health Measurement and Q&A** (Lacey Hartman, Senior Research Fellow, SHADAC & Tricia McGinnis, Vice President, Programs, Center for Health Care Strategies, Inc.) 1:10 PM – 2:10 PM
- *Break* 2:10 PM – 2:20 PM
- **Recap SIM Quality Activities to Date** (Jim Hardy, Specialist Leader, Deloitte Consulting LLP) 2:20 PM – 2:40 PM
- **Review and Discuss kyhealthnow Diabetes and Oral Health Goals: Input and Improvements** (Dr. John Langefeld, Chief Medical Officer, Department for Medicaid Services & Jim Hardy, Specialist Leader, Deloitte Consulting LLP) 2:40 PM – 3:10 PM
- **Next Steps for SIM Quality Plan and Q&A** (Jim Hardy, Specialist Leader, Deloitte Consulting LLP) 3:10 PM – 3:30 PM

# Quality Measurement: Experience from Other States



*Presentation to the KY  
Quality Workgroup*

*NORC Team*

*October 6, 2015*

# Topics for Discussion

1. Quality Measure Selection and Alignment in other SIM States
2. KY's VBP Model Components
  - a) PCMH-Rhode Island
  - b) ACO-Vermont
  - c) Episodes-High Level Considerations
3. Overview of Quality Measurement for Behavioral Health and Oral Health

# Quality Measure Selection and Alignment

# Measure Selection and Alignment: Experience from Round 1 SIM Test States



**NORC**  
at the UNIVERSITY of CHICAGO

**MERCER**

**shadac**  
State Health Access Data Assistance Center  
Bridging the gap between research and policy

**NATIONAL GOVERNORS ASSOCIATION**

**manatt**

**CHCS** Center for Health Care Strategies, Inc.

## Aligning Quality Measures Across Payers

Prepared by SHADAC for the State Innovation Models (SIM) program under contract with NORC at the University of Chicago. SIM is funded by the Center for Medicare and Medicaid Innovation (CMMI).

# Measure Selection and Alignment: High Level Approaches

- Establish Stakeholder Group
- Identify Goals
- Establish Evaluation Criteria
- Compile Inventory of Existing Measures
- Make Recommendations
- Consider Ongoing Maintenance

# Measure Selection/Recommendations

- 2 high level approaches to selection
  - Endorsement (OR)
  - Ranking (MA)
- Phased approach
  - Tier 1: Immediate implementation
  - Tier 2: Further exploration/data collection

# MA Scoring Tool

	Clinical or Cross Cutting	Total Score	Can gaps in the quality of care be identified?	Can performance be improved and is there a performance goal that can be identified?	Is it aligned with the priorities of other stakeholders?	Is quality measurement feasible by provider/payer?	Is quality measurement feasible by CHIA?	Does it impact a large group of citizens?	Does it go beyond PCPs?	Can it lower costs?	Will it <i>not</i> create new burden to providers?	Ability of Health Care System to Drive Change
Maternity	Clinical	16	Yes	Yes	No	Yes	yes	Sometimes	Yes	Yes	Sometimes	Yes
Childhood obesity	Clinical	16	Sometimes	Yes	Yes	Yes	yes	Yes	No	Sometimes	Sometimes	Sometimes
Obesity	Clinical	16	Sometimes	Yes	Yes	Yes	yes	Yes	No	Sometimes	Sometimes	Sometimes
Primary Care Integration With Behavioral Health	Clinical	16	Sometimes	Sometimes	Yes	Sometimes	sometimes	Yes	Yes	Sometimes	Sometimes	Yes
Children's access for MH and SA treatment services	Clinical	15	Sometimes	Yes	Sometimes	Sometimes	sometimes	Yes	Yes	Sometimes	Yes	Sometimes
Opioids	Clinical	15	Sometimes	Sometimes	Yes	Sometimes	sometimes	Yes	Yes	Sometimes	Sometimes	Sometimes
Readmissions	Cross Cutting	21	Yes	Yes	Yes	Sometimes	yes	Yes	Yes	Yes	Yes	Yes
Patient experience	Cross Cutting	19	Yes	Yes	Yes	Yes	sometimes	Yes	Yes	Sometimes	Sometimes	Yes
Patient safety, inpatient	Cross Cutting	18	Yes	Yes	Sometimes	Yes	sometimes	Yes	Yes	Sometimes	Yes	Yes
Parity/health equity	Cross Cutting	18	Sometimes	Yes	Yes	Sometimes	yes	Yes	Yes	Sometimes	Yes	Sometimes
Care planning: avoidable hospitalizations	Cross Cutting	18	Yes	Yes	Yes	Sometimes	sometimes	Yes	Sometimes	Yes	Yes	Sometimes
Transparency	Cross Cutting	15	yes	Yes	Sometimes	Sometimes	no	Yes	Yes	Sometimes	Sometimes	Yes
Patient Activation	Cross Cutting	15	Sometimes	Yes	Yes	Yes	no	Yes	Sometimes	Sometimes	Sometimes	Sometimes
Care planning: End of life	Cross Cutting	14	Yes	Yes	Sometimes	Sometimes	no	Yes	Yes	Sometimes	Sometimes	Sometimes
Access to care	Cross Cutting	14	Sometimes	Yes	Sometimes	Sometimes	no	Yes	Yes	Sometimes	Yes	Sometimes
Care planning: care coordination	Cross Cutting	13	Sometimes	Yes	Sometimes	Sometimes	yes	Sometimes	Yes	Sometimes	No	Sometimes
Patient safety, outpatient	Cross Cutting	13	Sometimes	Sometimes	Sometimes	Sometimes	sometimes	Yes	Yes	Sometimes	No	Yes
Integration of community and social supports with medical care	Cross Cutting	8	Sometimes	Sometimes	No	No	no	Sometimes	Yes	Sometimes	Sometimes	Sometimes

Stakeholder Alignment: Yes = 4 points • Sometimes = 2 points • No = 0 points

All other Criteria: Yes = 2 points • Sometimes = 1 point • No = 0 points

# Ongoing Maintenance

- Need for ongoing work group/stakeholder engagement
- Modify existing measures (e.g., when stewards such as NCQA change measure specifications)
- Retire/replace existing measures
  - Goals/criteria shift
  - Loss of a national benchmark/endorsement
  - Alignment with federal programs (MSSP)
  - Limited opportunity for improvement
  - New data availability

# Quality Measurement: PCMH Models

- Rhode Island Chronic Care Sustainability Initiative
- Crosswalk of PCMH measures across SIM states

# RI Chronic Care Sustainability Initiative

- Multi-payer, statewide program
- Multi-year phased PMPM to align with practice's developmental stages
- Base PMPM to support structural enhancements, PMPM add-ons over time tied to quality performance

# Quality Measures

- Clinical (EHR)
  - Adult BMI
  - DM A1c Good Control
  - DM BP Control (<140/90)
  - Hypertension BP Control
  - Tobacco Cessation
- Utilization (APCD)
  - All Cause Hospital Admissions
  - Number of ED Visits per 1000 Member-Months
- Patient Experience: CAHPS PCMH survey

# RI PMPM and Quality Targets

	Developmental Stage	PMPM Rates by Contract Year	Requirements
<b>Stage 1 (max 1 year)</b>	Start Up	\$3.00 Base \$2.50 NCM  <b>Max: \$5.50</b>	<b>Target 1:</b> Practice must hire NCM; establish compacts (4); create and implement an afterhours plan; achieve NCQA Level 1 and engage in practice transformation <b>Target 2:</b> Establish quality data reporting for harmonized measures <b>Target 3:</b> Practice implements interventions to reduce ED visits and IP admissions.
<b>Stage 2 (max 1 year)</b>	Transition	\$3.00 Base \$2.50 NCM  \$0.50 <b>Max: \$6.00</b>	<b>Target 1:</b> All structural components in place; achieve NCQA <u>Level 2</u> <b>Target 2:</b> Quality data is stable; baseline established; practice is working to achieve quality benchmarks <b>Target 3:</b> Focus interventions to reduce ED visits and IP admissions. Build capacity for Nurse Care Manager Measurement System.
<b>Stage 3</b>	Performance I	\$3.00 Base \$2.50 NCM  \$0.50 \$0.50  \$0.50 \$0.50 <b>Max: \$7.50</b>	<b>Target 1:</b> All structural requirements in place; achieve NCQA <u>Level 3</u> (if not achieved, base is reduced by \$0.50)  <b>Target 2a:</b> Clinical quality measures – achieve 4 of 6 thresholds <b>Target 2b:</b> Patient experience – achieve thresholds  <b>Target 3a:</b> All-cause inpatient admissions (5%) <b>Target 3b:</b> All-cause ED (5%)
<b>Stage 4</b>	Performance II	\$3.00 Base \$2.50 NCM \$0.50 \$0.25 \$0.50  \$1.25 \$0.75 <b>Max: \$8.75</b>	<b>Target 1:</b> Structure in place and maintain NCQA Level 3  <b>Target 2a:</b> Clinical quality measures – achieve 4 of 6 thresholds <ul style="list-style-type: none"> <li><b>Additional performance incentive:</b> achieve 6 of 6 thresholds</li> </ul> <b>Target 2b:</b> Patient experience – achieve thresholds  <b>Target 3a:</b> All-cause inpatient admissions (5%) <b>Target 3b:</b> All-cause ED (5%)

# Resource: Crosswalk of SIM Round 1 Test State PMCH Quality Measures

- Crosswalk of measures for PCMH initiatives in AR, MA, ME, MN, OR, and VT across the following domains
  - Pediatrics/Adolescent Care
  - Chronic Care
  - Mental/Behavioral Health
  - Cost, Utilization, and Care Coordination

# PCMH Quality Measure Crosswalk

## PCMH Quality Metrics Across SIM Test States

1 = state is using the measure specified

Text in cell means state is using similar measure to the one specified, e.g. if a state is using the same measure but for a different age group

Measure #	Topic	Measure	Measure Description	AR PCMH	MA PCMH	ME PCMH	MN HCH	OR PCPC	VT PCMH
<b>Mental / Behavioral Health Measures</b>									
38	ADHD	Follow-up for Children Prescribed ADHD Medication	The percentage of beneficiaries 6–12 years of age with an ambulatory prescription dispensed for ADHD medication that was prescribed by their attributed PCP, who had one follow-up visit with that PCP during the 30-day Initiation Phase. (NQF 0108)	1				1	
39	Alcohol	Alcohol Misuse	Screening, Brief intervention, referral for treatment: alcohol misuse (Oregon Health Authority State Performance Measure)					1	
40	Depression	Depression Follow-up and Remission at 6 months	Depression Follow-up and Remission at 6 months: the percentage of patients who are identified as having Depression (defined by a Patient Health Questionnaire [PHQ-9] score greater than 9) who subsequently reach remission (a PHQ-9 score less than 5) six months after depression is identified.				1		
41	Depression	Screening for Depression	The percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the					1	

# Quality Measurement: Vermont ACO Models

# Vermont Medicaid and Commercial ACOs

- Core Measure Set: 30 measures
  - 10 for payment
  - 20 for reporting
- “Gate and ladder” approach to shared savings
  - ACOs must meet minimum quality thresholds to be eligible for shared savings (gate)
  - Eligible for larger share of savings based on performance on core quality measures (ladder)

# Quality Measures: Payment

	Medicaid	Commercial
Plan All-Cause Readmissions	X	X
Adolescent Well-Care Visits	X	X
<b><i>Hypertension: Controlling High Blood Pressure</i></b>	X	X
Follow-up After Hospitalization for Mental Illness-7 day	X	X
Initiation and Engagement for Substance Abuse Treatment: Initiation and Engagement of AOD Treatment (composite)	X	X
Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis	X	X
Chlamydia Screening in Women	X	X
Developmental Screening in the First Three Years of Life	X	
Ambulatory Care Sensitive Condition Admissions: PQI Composite	X	X
Diabetes Mellitus: HbA1c Poor Control (>9.0%)	X	X

# Gate and Ladder

- Points are assigned based on performance against national benchmarks for each measure
- Must reach a baseline share (“gate”) of points to be eligible for savings
- After the gate, share of savings retained increases with increased performance (“ladder”)

# Gate and Ladder, cont.

## Medicaid SSP

% of available points	% of earned savings
35%	75%
40%	80%
45%	85%
50%	90%
55%	95%
60%	100%

## Commercial SSP

% of available points	% of earned savings
55%	75%
60%	80%
65%	85%
70%	90%
76%	95%
80%	100%

# Quality Measures: Reporting

	Medicaid	Commercial
Ambulatory care-sensitive conditions: COPD admissions	X	X
Avoidable ED Visits	X	X
Appropriate testing for children with pharyngitis	X	X
<b><i>Diabetes composite (D2) hba1c control and eye exam</i></b>	X	X
Cervical Cancer Screening	X	X
Colorectal cancer screening	X	X
Depression screening and follow-up	X	X
Adult weight (BMI) screening and follow-up	X	X
Childhood immunization status	X	X
Tobacco use: Screening & Cessation Intervention	X	X
Developmental Screening in First Three Years of Life		X
<b><i>10 Patient Experience Measures</i></b>	X	X

# Quality Measurement: Episodes

# Episodes: Quality Measures to “Pass”

- Similar to ACOs, providers typically need to “pass” a quality threshold to be eligible for shared savings within an episode
  - Guarantee level of compliance with best practices
  - Protect against lowering quality/compromising safety to meet cost containment goals
  - Selection tied to clinical advisory process, measures most critical to ensuring safe, high quality care

# Example: “Pass” Measures for Select Episodes in Arkansas

Condition	Quality Metric	Data Source
<b>Perinatal (Maternal Care)</b>	HIV screening Group B streptococcus screening Chlamydia screening	Claims & AHIN Portal
<b>Ambulatory URI</b>	Frequency of Strep testing for those receiving antibiotics	Claims
<b>Congestive Heart Failure Admission</b>	% of patients with LVSD who are prescribed an ACE or ARB at hospital discharge	Claims
<b>ADHD</b>	Percent of EOC with either a Continuing Care or Quality Assessment certification	Provider Portal
<b>Colonoscopy</b>	Cecal intubation rate reported by provider Withdrawal time > 6 minutes	Provider Portal
<b>Cholecystectomy</b>	% of EOC with CT scan prior to procedure	Claims
<b>Tonsillectomy</b>	% of episode with administration of intraoperative steroids	Provider Portal
<b>Oppositional Defiance Disorder</b>	-% of episodes with either Continuing Care or Quality Assessment certification -% of new episodes receiving meds -% of repeat episodes receiving meds Beneficiary remission	Provider Portal
<b>Coronary Artery Bypass Grafting</b>	% of patients with stroke, deep sternal wound, renal failure 30 days post procedure (3 measures)	Claims

# Process and Outcome Measures

- Episodes include a mix of process (e.g., prescriptions filled) and outcome (e.g., readmissions) measures
  - Payment (“passing”) vs. reporting
  - Provider feedback/concerns about appropriate risk adjustment
  - Data availability

# Example: Medicare CCJR

- Proposed rule issued in July, requiring hospitals in selected MSAs to participate in 5 year demonstration for hip and knee replacement bundles
  - Inpatient stay and 90 days post discharge
  - Retrospective
  - Maintain FFS
  - Up and downside risk against target prices

# CCJR, Quality Measurement

- “Pass” measures
  - Risk standardized complication rate following hip or knee replacement
  - 30-day risk standardized all cause readmission rates
  - HCAHPs/patient satisfaction
- Additional adjustments
  - Reporting on functional outcomes in first performance year
- Published on Hospital Compare

# Core Measure Set Across SIM Initiatives

- Several states have developed a “core” measure set and dashboard to monitor SIM work across initiatives
- Align payers around broad transformation goals
- Consider seeking some alignment across PCMH, ACO, and episode measures with this high level monitoring in mind

# Quality Measurement: Behavioral Health Integration

# Quality Measurement for Integrated Care

- Having a system for continuously measuring, reporting, and improving quality is essential for integration models
- In 2012, SAMHSA began developing the National Behavioral Health Quality Framework (NBHQF), including a set of core quality measures, in alignment with the National Quality Strategy developed following the ACA

# National Behavioral Health Quality Framework

## Examples of recommended core measures targeting different groups

Payer/ System/ Plan Measures	<ul style="list-style-type: none"><li>• Screening, brief intervention, and referral for treatment for alcohol misuse</li><li>• Providers using trauma-informed approaches</li><li>• Cardiovascular monitoring for people with cardiovascular disease and schizophrenia</li><li>• Percentage of behavioral health programs that are smoke/tobacco-free</li></ul>
Provider/ Practitioner Measures	<ul style="list-style-type: none"><li>• Screening for clinical depression</li><li>• ED alcohol use screening and follow-up</li><li>• Patients reporting abstinence after treatment for addiction</li><li>• Timely transmission of transition record after discharge</li></ul>
Patient/ Population Measures	<ul style="list-style-type: none"><li>• Changes in employment status or school status from first date of service to last date of service</li><li>• Population reporting attention to both behavioral health and other health conditions in care settings</li><li>• Obesity rates for persons with serious mental illness</li></ul>

# NQF Endorsed Measures

- NQF recently completed a 3 phase process of evaluating and endorsing BH metrics
- Organized around SAMSHA framework, types of measures include
  - Preventive and chronic care for persons with serious mental illness (SMI)
  - Alcohol/tobacco screening for persons with SMI
  - Depression/suicide risk assessments
  - Follow-up care after ED/inpatient visit for mental illness
  - Patient Experience

# Challenges and Considerations for BH Quality Measurement

- Lack of precise medical coding for mental illness
  - Many providers use a generic ICD-9 code for a mental health visit rather than choosing the specific code appropriate for the diagnosis
  - Educating providers on the important of precise coding can facilitate quality measurement
- Data sharing
  - Effective quality measurement requires the ability to track patients over time and across settings
  - Data sharing can be difficult due to interoperability issues (e.g., systems that don't talk to one another), privacy concerns, and regulations
  - Funds for data sharing capacity should be built into financing model

# Quality Measurement: Oral Health

# Options for Oral Health Quality Measurement

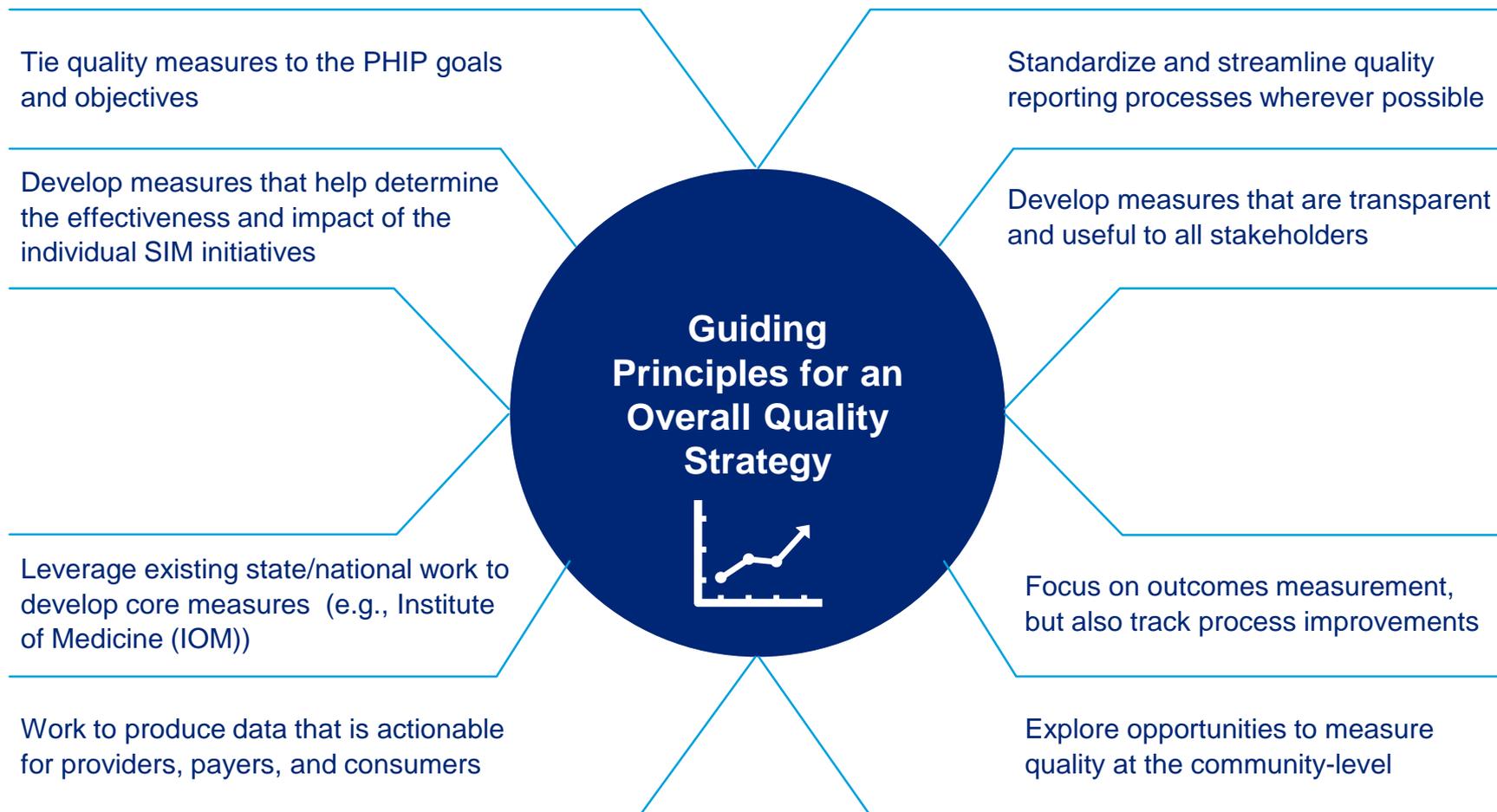
	Status	Treatment	Prevention
<b>Pediatric goal:</b> Reduce untreated tooth decay in children by 25%	Proportion of children with untreated tooth decay (CDC/NANES)	Percentage of all children who received any dental treatment service in the calendar year (AHRQ/MEPS)	Proportion of all children who received any preventive (fluoride, sealants) over the calendar year (AHRQ/MEPS)
<b>Adult goal:</b> Increase the number of adult dental visits by 10%		% of eligible receiving any dental treatment services (CMS 416 Line 12C claims)	% of eligible receiving preventive dental services (CMS 416 Line 12B claims)

**Break**

# **Recap SIM Quality Activities to Date**

## Guiding Principles for an Overall Quality Strategy

Based on discussions and activities with the Quality Strategy/Metrics workgroup, the following guiding principles have been proposed in developing an overall quality strategy as part of SIM.



## Guiding Principles in Measure Selection

The following guiding principles were developed by the Quality Strategy/Metrics workgroup in April to be used in the future measure selection process for Kentucky SIM.

### Patient and Provider Impact

- Applicable across provider types and the care continuum
- Patient-centric
- Understandable by patients
- Equitable across the spectrum of stakeholders
- Allow for patient accountability
- Simple; low administrative burden

### Appropriateness

- In alignment with national metrics
- Address priorities for health improvement
- Able to be benchmarked
- Contain appropriate units of measure
- Equitable across the spectrum of stakeholders
- Easily measurable, but accurate

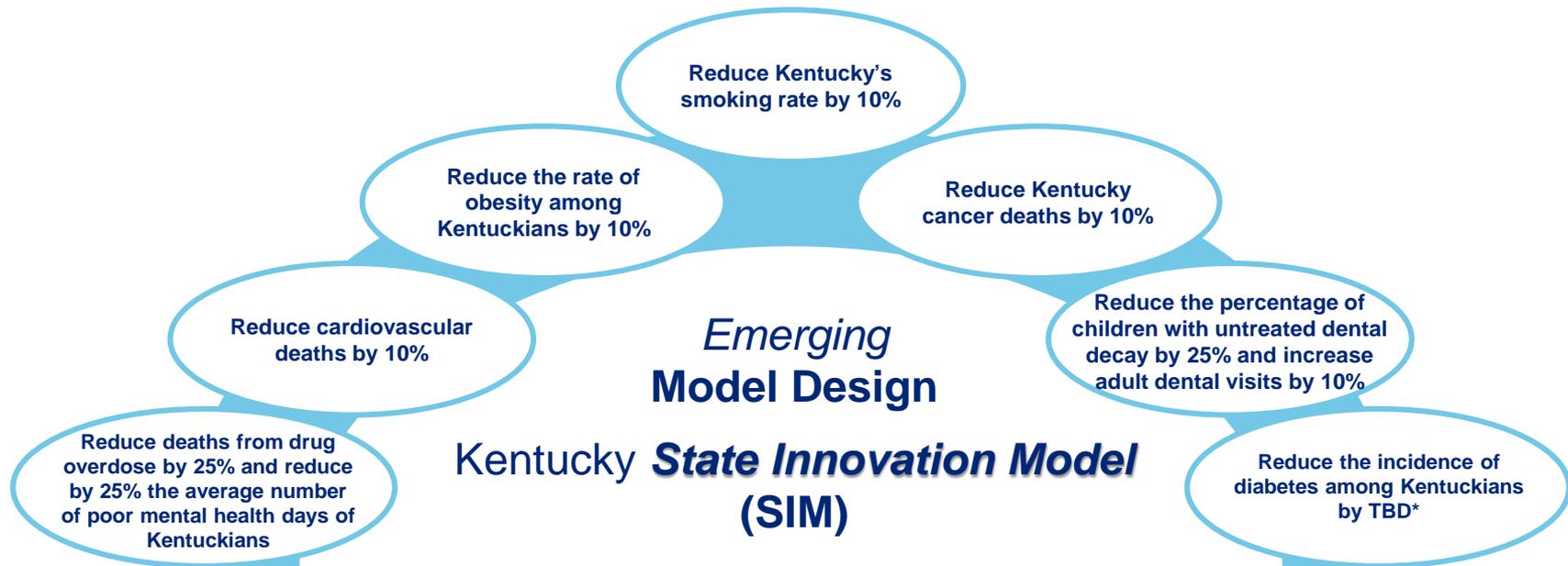
### Design Features

- Consistent definition
- Timely and current
- Flexible
- Achievable
- Clinically useful
- Reliable and valid
- Promotes safety

### Financial Impact

- Low-cost, high-value
- Balance efficiency in care delivery versus outcomes
- Risk-adjustable
- Usable for payment reform
- Process and outcome-driven

# At a Glance: KY's Health Care Delivery System Transformation Plan



*Potential Reform Initiatives (based on workgroup input and guiding principles to date)*

**Patient Centered Medical Homes (PCMH) Initiative**

**Accountable Care Organizations (ACO) Initiative**

**Episodes of Care (EOC) Initiative**

**Community Innovation Consortium**

*A program for providers and communities to develop new delivery model & payment reform pilots with multi-payer support*

**Increased Access Strategies**

**Quality Strategies**

**HIT Strategies**

**Workforce Strategies**

**Consumer Engagement Strategies**

**Other Supporting Strategies**

\*The current goals included with kyhealthnow and therefore the PHIP do not contain a specified reduction goal for diabetes. Over the course of the Model Design process, CHFS will work alongside key stakeholders to develop this target for inclusion in the final SHSIP. 41

# Quality Strategies

Kentucky has proposed four core elements of its foundational quality strategy, with several supporting elements listed to help achieve the core elements.

## **Core Elements of KY's Model Design**

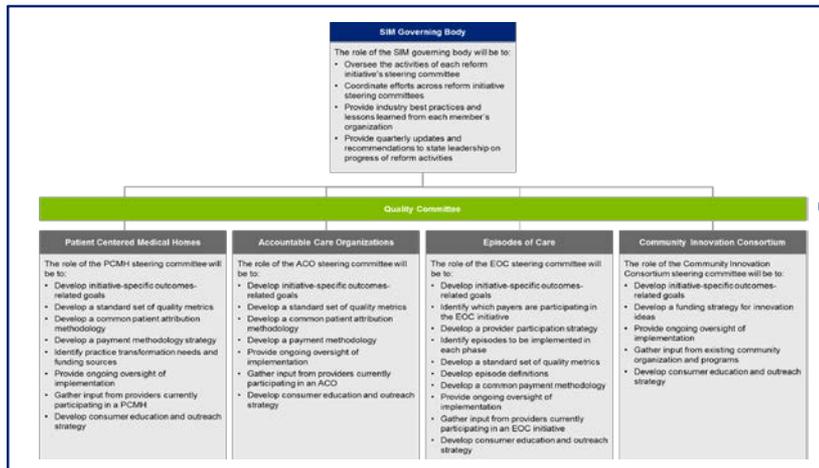
- Link quality metrics to the PHIP goals and objectives
- Leverage existing state and national efforts to develop a core measure set (e.g., the IOM)
- Standardize and streamline quality reporting processes wherever possible
- Develop a statewide quality reporting strategy that also measures quality improvement at the community level

## **Supporting Elements for Consideration**

- Adopt a Medicaid MCO quality incentive program
- Align data collection and reporting requirements for providers with the achievement of kyhealthnow goals
- Leverage provider-reported data within community health needs assessments in establishing quality measures
- Improve measurement strategy of screening and counseling activities
- Promote rapid cycle evaluation and monitoring

# Proposed SIM Governance Structure

To increase the likelihood that Kentucky’s Model Design is successful, the Commonwealth is creating a formal governance structure through the implementation of an administrative order, which will be signed by the Secretary of CHFS.



**SIM Governance Structure**

## Quality Committee Role

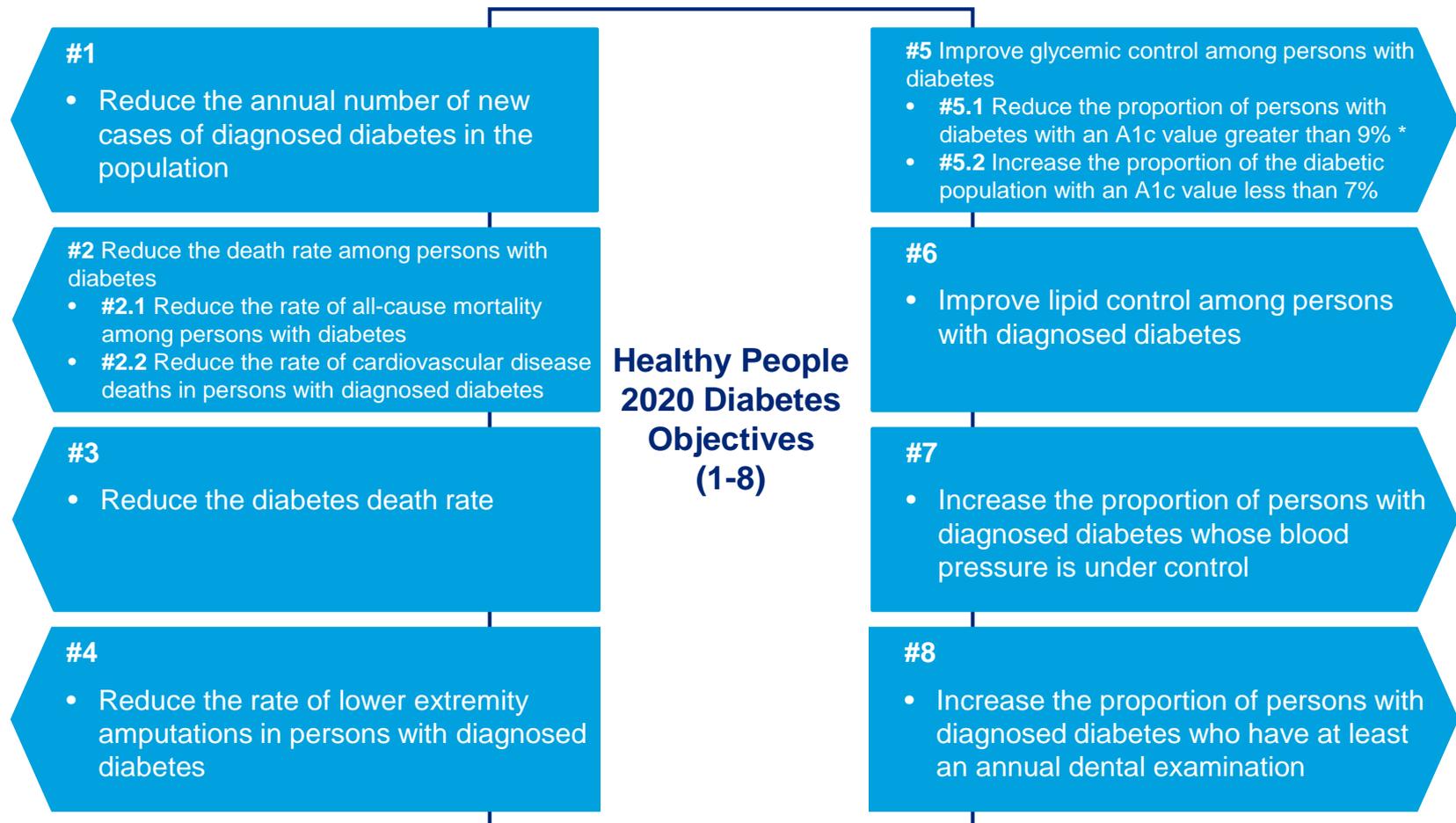
- Responsible for working with each Steering Committee in an effort to develop a cohesive quality strategy across all the reform initiatives.
- Leverage the work of the Quality workgroup and specifically focus on applying the guiding principles developed by this workgroup.
- Overarch each reform initiative to inform the quality strategies of each Steering Committee, monitor each reform initiative's performance against quality metrics, and report quality outcomes for each reform initiative to the SIM Governing Body.
- Responsible for developing and monitoring adherence to an overall quality strategy.

Each Steering Committee will use the guiding principles for measure selection that were developed by the Quality workgroup to choose the most appropriate metrics for each reform initiative.

**Review and Discuss  
PHIP/kyhealthnow Diabetes  
and Oral Health Goals**

# Healthy People 2020: Diabetes

Healthy People 2020 establishes 16 different objectives to measure against the goal of reducing the disease and economic burden of diabetes that Kentucky can consider in developing a diabetes goal for the PHIP.

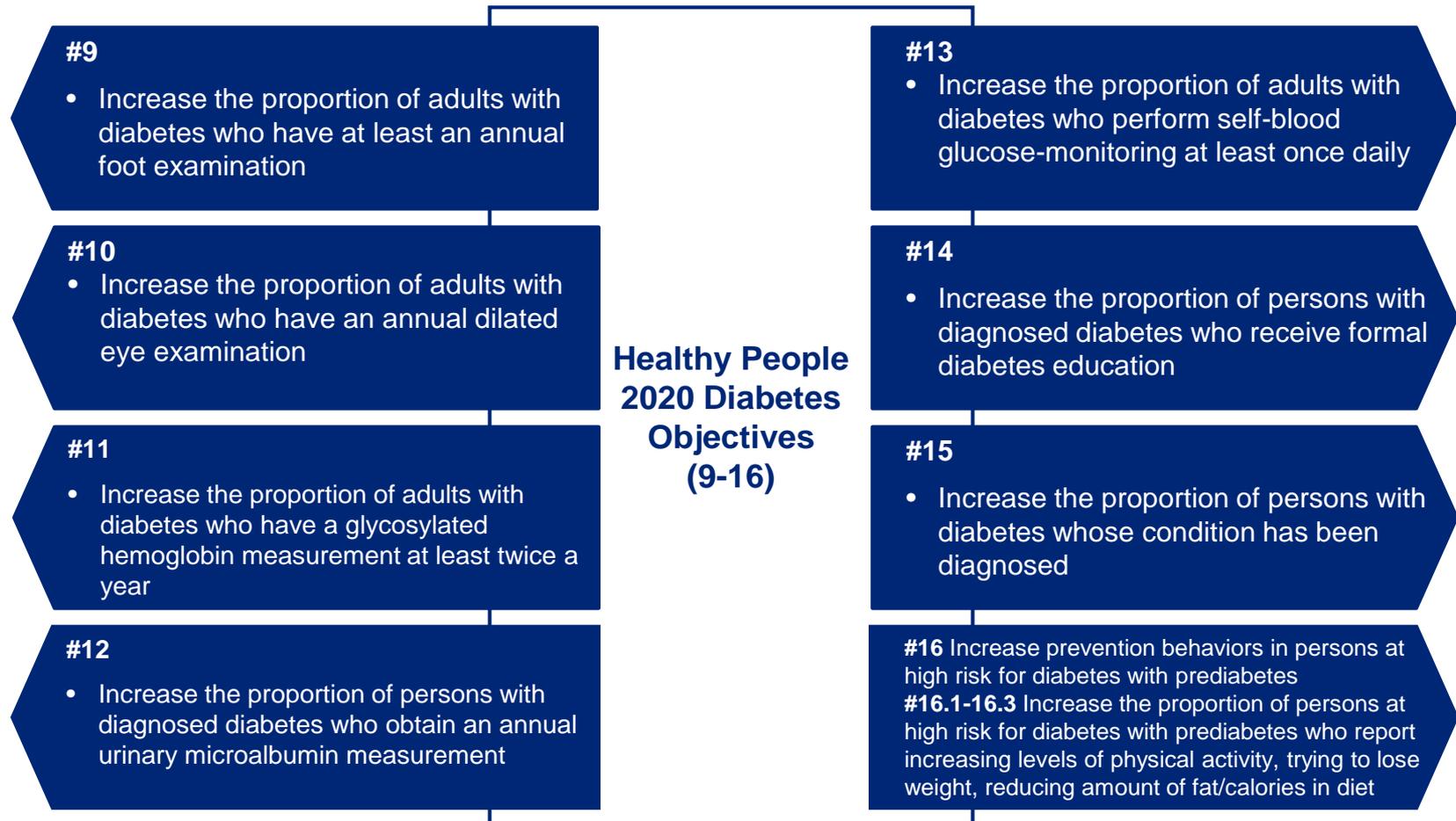


Source: <http://www.healthypeople.gov/2020/topics-objectives/topic/diabetes/objectives>

\*Leading Health Indicator (LHI)

# Healthy People 2020: Diabetes (Continued)

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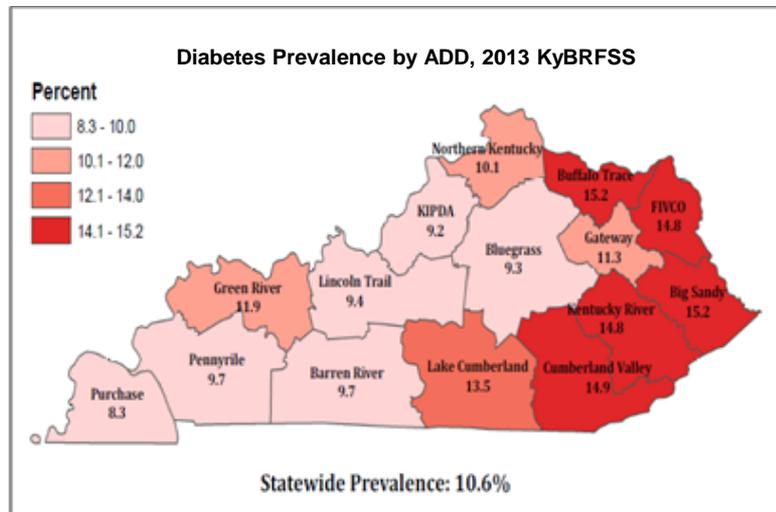


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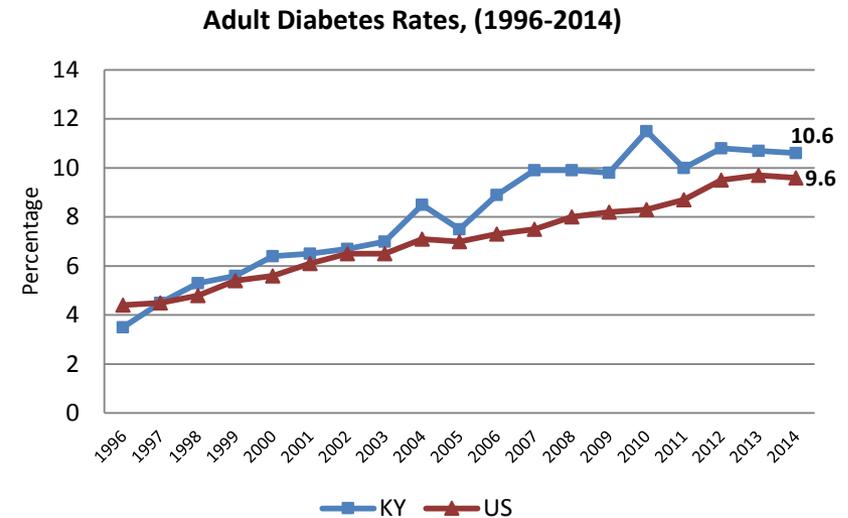
\*Leading Health Indicator (LHI)

# Current Diabetes Placeholder in PHIP

With the absence of a specific diabetes goal in kyhealthnow, the Population Health Improvement Plan (PHIP) currently contains a placeholder goal to reduce the incidence of diabetes among Kentuckians by (TBD) percent.



PHIP Data. Diabetes Prevalence in Kentucky.



PHIP Data. Adult Diabetes Rates.

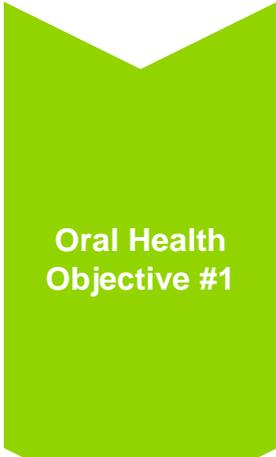
Metric	Kentucky	United States	Data Source
Diabetes Rates (2013)	10.6% adults	9.7% adults	BRFSS

PHIP Data. State and National Diabetes Rates (2013)

**Based upon the Healthy People 2020 objectives, Kentucky-specific diabetes data, and you/your organizations' expertise, what recommendations do you have with respect to developing a specific diabetes goal in the revised PHIP?**

# Healthy People 2020: Oral Health

Healthy People 2020 establishes 17 different oral health objectives that Kentucky can consider in its effort to refine/improve the oral health component of kyhealthnow and therefore the PHIP.



## Oral Health Objective #1

### Oral Health of Children and Adolescents

- **OH-1** Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
  - **OH-1.1** Reduce the proportion of children aged 3 to 5 years with dental caries experience in their primary teeth
  - **OH-1.2** Reduce the proportion of children aged 6 to 9 years with dental caries experience in their primary and permanent teeth
  - **OH-1.3** Reduce the proportion of adolescents aged 13 to 15 years with dental caries experience in their permanent teeth



## Oral Health Objective #2

### Oral Health of Children and Adolescents

- **OH-2** Reduce the proportion of children and adolescents with untreated dental decay
  - **OH-2.1** Reduce the proportion of children aged 3 to 5 years with untreated dental decay in their primary teeth
  - **OH-2.2** Reduce the proportion of children aged 6 to 9 years with untreated dental decay in their primary and permanent teeth
  - **OH-2.3** Reduce the proportion of adolescents aged 13 to 15 years with untreated dental decay in their permanent teeth

# Healthy People 2020: Oral Health (Continued)

Healthy People 2020 establishes 17 different oral health objectives that Kentucky can consider in its effort to refine/improve the oral health component of kyhealthnow and therefore the PHIP.

## Oral Health Objective #3

### Oral Health of Adults

- **OH-3** Reduce the proportion of adults with untreated dental decay
  - **OH-3.1** Reduce the proportion of adults aged 35 to 44 years with untreated dental decay
  - **OH-3.2** Reduce the proportion of adults aged 65 to 74 years with untreated coronal caries
  - **OH-3.3** Reduce the proportion of adults aged 75 years and older with untreated root surface caries

## Oral Health Objective #4

### Oral Health of Adults

- **OH-4** Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
  - **OH-4.1** Reduce the proportion of adults aged 45 to 64 years who have ever had a permanent tooth extracted because of dental caries or periodontal disease
  - **OH-4.2** Reduce the proportion of adults aged 65 to 74 years who have lost all of their natural teeth

## Oral Health Objectives #5-6

### Oral Health of Adults

- **OH-5** Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
- **OH-6** Increase the proportion of oral and pharyngeal cancers detected at the earliest stage

# Healthy People 2020: Oral Health (Continued)

Healthy People 2020 establishes 17 different oral health objectives that Kentucky can consider in its effort to refine/improve the oral health component of kyhealthnow and therefore the PHIP.

<b>Oral Health Objective #7</b>	<p><b>Access to Preventive Services</b></p> <ul style="list-style-type: none"> <li>• <b>OH-7</b> Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year (LHI)</li> </ul>
<b>Oral Health Objective #8</b>	<p><b>Access to Preventive Services</b></p> <ul style="list-style-type: none"> <li>• <b>OH-8</b> Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year</li> </ul>
<b>Oral Health Objective #9</b>	<p><b>Access to Preventive Services</b></p> <ul style="list-style-type: none"> <li>• <b>OH-9</b> Increase the proportion of school-based health centers with an oral health component             <ul style="list-style-type: none"> <li>– <b>OH-9.1 – 9.3</b> Increase the proportion of school-based health centers with an oral health component that includes dental sealants, dental care, and topical fluoride</li> </ul> </li> </ul>
<b>Oral Health Objective #10</b>	<p><b>Access to Preventive Services</b></p> <ul style="list-style-type: none"> <li>• <b>OH-10</b> Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health program             <ul style="list-style-type: none"> <li>– <b>OH-10.1</b> Increase the proportion of FQHCs that have an oral health care program</li> <li>– <b>OH-10.2</b> Increase the proportion of local health departments that have oral health prevention or care programs</li> </ul> </li> </ul>
<b>Oral Health Objective #11</b>	<p><b>Access to Preventive Services</b></p> <ul style="list-style-type: none"> <li>• <b>OH-11</b> Increase the proportion of patients who receive oral health services at FQHCs each year</li> </ul>

Source: <http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives>

\*Leading Health Indicator (LHI)

# Healthy People 2020: Oral Health (Continued)

Healthy People 2020 establishes 17 different oral health objectives that Kentucky can consider in its effort to refine/improve the oral health component of kyhealthnow and therefore the PHIP.

## Oral Health Objective #12

### Oral Health Interventions

- **OH-12** Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
  - **OH-12.1** Increase the proportion of children aged 3 to 5 years who have received dental sealants on one or more of their primary molar teeth
  - **OH-12.2** Increase the proportion of children aged 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth
  - **OH-12.3** Increase the proportion of adolescents aged 13 to 15 years who have received dental sealants on one or more of their permanent molar teeth

## Oral Health Objective #13

### Oral Health Interventions

- **OH-13** Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water

## Oral Health Objective #14

### Oral Health Interventions

- **OH-14** Increase the proportion of adults who receive preventive interventions in dental offices
  - **OH-14.1** Increase the proportion of adults who received information from a dentist or dental hygienist focusing on reducing tobacco use or on smoking cessation in the past year
  - **OH-14.2** Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year
  - **OH-14.3** Increase the proportion of adults who were tested or referred for glycemic control from a dentist or dental hygienist in the past year

# Healthy People 2020: Oral Health (Continued)

Healthy People 2020 establishes 17 different oral health objectives that Kentucky can consider in its effort to refine/improve the oral health component of kyhealthnow and therefore the PHIP.

## Oral Health Objective #15

### Monitoring, Surveillance Systems

- **OH-15** Increase the number of states and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
  - **OH-15.1** Increase the number of states and the District of Columbia that have a system for recording cleft lips and cleft palates
  - **OH-15.2** Increase the number of states and the District of Columbia that have a system for referral for cleft lips and cleft palates to rehabilitative teams

## Oral Health Objective #16

### Monitoring, Surveillance Systems

- **OH-16** Increase the number of states and the District of Columbia that have an oral and craniofacial health surveillance system

## Oral Health Objective #17

### Public Health Infrastructure

- **OH-17** Increase health agencies that have a dental public health program directed by a dental professional with public health training
  - **OH-17.1** Increase the proportion of states (including the District of Columbia) and local health agencies that serve jurisdictions of 250,000 or more persons with a dental public health program directed by a dental professional with public health training
  - **OH-17.2** Increase the number of Indian Health Service Areas and Tribal health programs that serve jurisdictions of 30,000 or more persons with a dental public health program directed by a dental professional with public health training

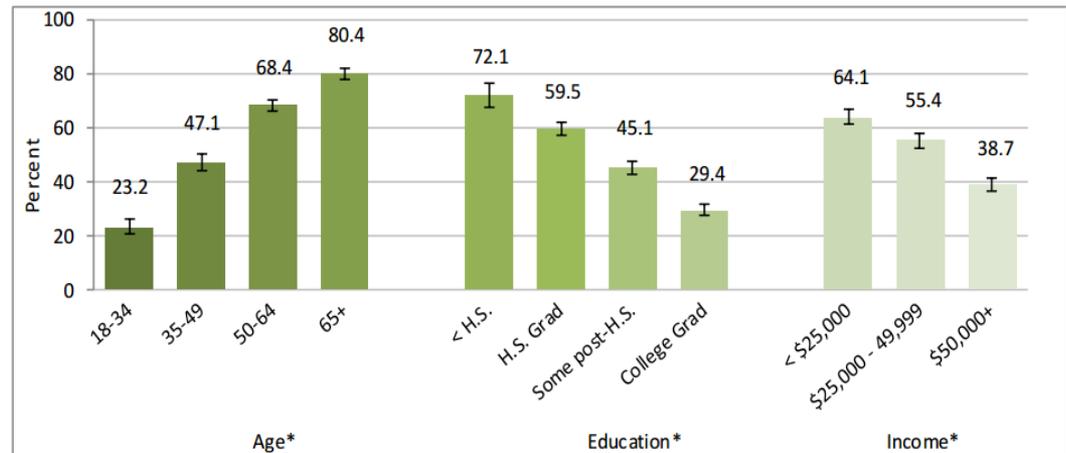
# Current Oral Health Goal in PHIP

Kentucky stakeholders have previously expressed interest in reviewing the current oral health goal included within kyhealthnow and therefore the PHIP for potential improvement.

## PHIP Excerpt

- The prevalence of Kentucky’s dental problems has proven and detrimental impacts on schoolchildren, the workforce, and families.
- In fact, Kentucky ranks 9<sup>th</sup> lowest in annual dental visits, 5<sup>th</sup> highest in the percentage of children with untreated dental decay (34.6%), and 3<sup>rd</sup> highest in the percentage of adults 65+ missing 6 or more teeth (52.1%).
- According to 2012 BRFSS data, almost 40% of Kentucky adults reported that they did not have a dental visit in the past year; this was higher than the United States estimate of 32.8%.

**Current kyhealthnow/PHIP Goal: Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.**



\* Denotes a statistically significant difference among the values.

**PHIP Data. Percent of Kentucky Adults who have had one or more teeth removed because of tooth decay or gum disease by Age\*, Education\*, and Income\* (2012)**

**Based upon the Healthy People 2020 objectives, Kentucky-specific oral health data, and you/your organizations’ expertise, what recommendations do you have with respect to including a revised oral health goal in the revised PHIP?**

**Next Steps**

# Components of Draft Quality Plan

The KY SIM team has had multiple discussions with CMS around the required/recommended quality components of the State Health System Innovation Plan (SHSIP) and is currently developing a draft to be shared with stakeholders later this month.



## Key Components of Draft Quality Plan

- An elaboration on the four core elements of Kentucky's foundational quality strategy as proposed in the Straw Person
- A work plan to achieve stakeholder buy-in to develop a statewide plan to align quality measures across all payers in the state
- A commitment to gaining payers' support to reducing the administrative and/or non-clinical burden to providers in the state
- Guiding principles to monitor and track state progress towards quality improvement goals for the entire population, and all providers and payers
- Guiding principles to develop meaningful metrics related to the progress of each transformation plan component
- A documentation of the broad range of measure sets that can be leveraged and/or condensed
- The identification of baseline data types/sources needed for metrics against which future progress can be measured
- A description of the Steering Committees' role in developing metrics and refining them in conjunction with CMS during any future grant and/or funding program
- A description of the Quality Committee's role in overarching each Steering Committee to develop a cohesive quality strategy across all the reform initiatives and report to the SIM Governing Body

## Next Steps

- Similar to the identical August workgroup meetings held to collect feedback on the draft Value-based Health Care Delivery and Payment Methodology Transformation Plan, we will use the **October Full Stakeholder Meeting** scheduled for **Tuesday, October 27<sup>th</sup>** from **9 AM to 12 PM** to solicit stakeholder input on the draft Quality Plan.
- The draft Quality Plan will be circulated in advance on **Thursday, October 22<sup>nd</sup>** to provide stakeholders with review time and options for providing input.
- In addition to the October 27<sup>th</sup> meeting, an **October HIT Workgroup meeting** is scheduled for **Friday, October 23<sup>rd</sup>** from **9 AM to 12 PM** and will focus primarily on the key components and outline of the draft HIT Plan.

Workgroup	October Date	October Time	October Location
October KY SIM <b>HIT Workgroup</b>	Friday, October 23 <sup>rd</sup>	9 AM – 12 PM	Location TBD – Frankfort, KY
October KY SIM <b>Full Stakeholder Meeting</b>	Tuesday, October 27 <sup>th</sup>	9AM – 12 PM	Kentucky Historical Society (KHS), 100 W Broadway St, Frankfort, KY 40601

- Please visit the dedicated Kentucky SIM Model Design website: <http://chfs.ky.gov/ohp/sim/simhome>
- Please contact the KY SIM mailbox at [sim@ky.gov](mailto:sim@ky.gov) with any comments or questions

**Thank you!**